

Medicaid Coverage of Collaborative Care Management Is Needed to Address Connecticut's Mental Health Crisis

Psychiatric Collaborative Care Management (CoCM) is an evidenced-based model to identify and treat patients with depression, anxiety and a growing number of behavioral health conditions, including substance use disorders, in primary care, pediatric, and women's health settings. **Connecticut's Medicaid program should adopt and provide coverage for CoCM to help address the State's mental health worker shortage and mental health crisis.**

- 20 states currently provide coverage for CoCM, including Rhode Island, Massachusetts, New Hampshire, and New York.
- Medicare and Medicaid have covered Collaborative Care as a benefit since 2017 and the codes have been adopted widely by most commercial payers in 2018.
- Collaborative Care outperforms standard care in both primary care and outpatient behavioral health; more than 80 high-quality randomized control trials ([see here](#)) demonstrate Collaborative Care delivers better access, better outcomes, and lower medical spend versus alternative care models.
- Collaborative Care is a team-based model that includes the coordinated contributions of three clinical professionals: the patient's Primary Care Provider (PCP), a licensed psychiatric consultant and a behavioral care manager, a licensed mental health professional. Services are billed under the PCP.
- Collaborative Care is one of very few interventions in healthcare shown to reduce disparities by race, ethnicity and/or socioeconomic status in patients' access to and quality of care, as well as outcomes.
- Primary care providers are currently prescribing psychotropic medications including antidepressants, particularly in pediatrics and with low-income groups. **CoCM is a key component to increase access to mental health, particularly within pediatric offices where Medicaid often makes up a higher percentage of the payer mix.**
- To ensure adequate provider uptake and sustainability across the state to achieve the desired impact across the Medicaid population, we recommend the following guidelines:
 - **Pay codes at or above Medicare rates.**
 - **Do not impose hard utilization limits on the codes.**
 - **Provide Pay parity for all provider types.**
- CoCM is a team-based model which describes services that are bundled together over the course of a month. These services include outreach and engagement, brief evidence-based interventions, case coordination between care team members, psychiatric consultation regarding treatment recommendations, and management of an outcomes focused patient registry. Although these services may be provided via phone or video, these services are not considered telehealth.
- In the women's health setting, the OB/GYN provider meets often with the patient, especially during and immediately after pregnancy. For many patients, the OB/GYN provider administers primary care, and is frequently the first to suspect and diagnose a behavioral health condition such as postpartum depression.

Supporting Organizations:

Association for Clinicians for the Underserved, Concert Health, Connecticut Hospital Association, Connecticut Psychiatric Society, Fair Haven Community Health Center, Griffin Health, Hartford Healthcare, Middlesex Health, Nuvance Health, Shatterproof, Southern New England Healthcare Organization, Value Care Alliance, Women's Health Connecticut, and Yale New Haven Health